

HOWARD COUNTY GOVERNMENT
PLAN YEAR: JANUARY 1, 2018 - DECEMBER 31, 2018

PLAN OPTION & ENROLLMENT TIER	2018 FULL MONTHLY PREMIUM	FULL TIME EMPLOYEE Bi weekly contribution (24 pays)	PART TIME EMPLOYEE Bi weekly contribution (24 pays)
Aetna Open Choice PPO			
Employee	\$718.73	\$54.00	\$180.00
Employee & Child(ren)	\$1,257.77	\$94.50	\$314.50
Employee & Spouse	\$1,653.08	\$124.00	\$413.50
Family	\$2,048.38	\$154.00	\$512.50
Aetna Open Access Select			
Employee	\$608.75	\$30.50	\$152.50
Employee & Child(ren)	\$1,138.37	\$57.00	\$285.00
Employee & Spouse	\$1,400.13	\$70.50	\$350.50
Family	\$1,801.92	\$90.50	\$450.50
Kaiser HMO			
Employee	\$550.96	\$28.00	\$138.00
Employee & Child(ren)	\$1,046.82	\$52.50	\$262.00
Employee & Spouse	\$1,267.21	\$63.50	\$317.00
Family	\$1,652.88	\$83.00	\$413.50
Delta Dental PPO Plus			
Employee	\$33.46	\$9.00	\$9.00
Employee & Child(ren)	\$58.47	\$15.00	\$15.00
Employee & Spouse	\$76.93	\$19.50	\$19.50
Family	\$94.68	\$24.00	\$24.00
Dominion Dental ePPO			
Employee	\$13.65	\$4.00	\$4.00
Employee & Child(ren)	\$25.56	\$7.00	\$7.00
Employee & Spouse	\$25.56	\$7.00	\$7.00
Family	\$32.99	\$8.50	\$8.50

Supplemental Life Insurance	
Age on January 1st	Monthly Rate per \$1000 of coverage
under 25	\$0.050
25 - 29	\$0.060
30 - 34	\$0.080
35 - 39	\$0.090
40 - 44	\$0.100
45 - 49	\$0.190
50 - 54	\$0.330
55 - 59	\$0.430
60 - 64	\$0.660
65 - 69	\$1.270
70 +	\$2.060

Dependent Life Insurance
\$20,000 benefit on spouse
\$10,000 benefit on child(ren)
Rate is \$1.00 per pay